State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

| | | PAI | RT I: OVERVIEW | | |
|--|--------------------------------|--|---|--------------------|-----------|
| Department Office/Division/Program: | | | DHHS/MECDCP/ Maine Immunization Program | | |
| Department Contract Administrator or Grant Coordinator: | | | Chris Moiles | | |
| (If applicable) Department Reference #: | | | CD0-20-5203 | | |
| Amount: \$ 11,016.00 | | Advantage CT / RQS #: Draft RQS 10A 20200520000000001263 | | | |
| CONTRACT | Proposed Start Date: | | 6/1/2020 | Proposed End Date: | 5/31/2021 |
| AMENDMENT | AMENDMENT Original Start Date: | | | Effective Date: | |
| Previous End Date: Project Start Date: | | | New End Date: Grant Start Date: | | |
| GRANT | Project End Date: | | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | | Control Solutions, 35851 Industrial Way, Suite D, St Helens, OR 97051 | | |
| Brief Description of Goods/Services/Grant: | | | Devices for tracking and monitoring state supplied vaccines (Including COVID 19 when available) | | |

| | PART II: JUSTIFICATION FO | R VENDOR SELECTION | | |
|---|-------------------------------------|-----------------------------------|--|--|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) | | | | |
| | A. Competitive Process | G. Grant | | |
| | B. Amendment | H. State Statute/Agency Directed | | |
| Х | C. Single Source/Unique Vendor | I. Federal Agency Directed | | |
| | D. Proprietary/Copyright/Patents | J. Willing and Qualified | | |
| | E. Emergency | K. Client Choice | | |
| | F. University Cooperative Project X | L. Other Authorization – COVID 19 | | |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

To assist with the distribution of COVID-19 vaccines when they become available, the Department's CDC Maine Immunization Program needs to purchase 8 (eight) VFC 5000-TP Vaccine Monitoring Data Logger Kits (meets all the CDC's recommendations for data loggers) and 200 LogTag USM Docking Stations to accurately track and monitor state supplied vaccines to ensure their viability to administer to state eligible patients. The LogTag docking stations are a required item for downloading data from all LogTag or VFC400 products. It is recommended to have (1) docking station per clinic, as the docking station can be used with multiple loggers.

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|------|-------------|----------------|--------|--------------|
| | III: SUPPL | EMENIAL | INFORM | |

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Control solutions is the only company that creates and supplies these goods.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department looked at available companies to provide these items; this organization was the only one that could support the Department's need and is the only company that creates and supplies these goods. As such, the Department reviewed the pricing, which was deemed acceptable in light of the Governor's Civil State of Emergency

4. Describe the plan for future competition for the goods or services.

The Department will supply the following goods to the state's vaccine providers to ensure the vaccines are properly being monitored to ensure the vaccines are viable to administer to state citizens.

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|--|-----------------|-----------------------|--|
| Signature of requesting Department's Commissioner | | | |
| (or designee): | 1 1/2 | , | |
| Printed Name: | Bu Main | Date: 928/20 | |
| Signature of DAFS Procurement Official: | Justin Franzose | | |
| Printed Name: | Justin Franzose | Date: 6/5/2020 | |